

CHILD CARE CENTER VARIANCE/WAIVER APPLICATION

Name of Child _____
Care Center _____ Address _____
City _____ County _____ Zip _____

☐ I am applying for a variance of Child Care License Rule 470 IAC 3-4.7 _____
(please identify and compete the exact rule number)
which states _____

OR

☐ I am applying for a waiver of Child Care License Rule 470 IAC 3-4 _____
(please identify and compete the exact rule number)
which states _____

Variance Request

I am unable to comply with the above Child Care Licensing Rule; therefore, I am requesting approval of the following alternative method of compliance which will not be adverse to the health, safety or welfare of any child receiving services (attach additional pages as needed):

Waiver Request

I am unable to comply with the above Child Care License Rule and to comply with the specified rule will create an undue hardship for the following reason(s) (attach additional pages as needed):

If the wavier is approved, I will be in substantial compliance with the Child Care Rules because (attach additional pages as needed):

Approval of this waiver will not be adverse to the health, safety or welfare of any child receiving services because (attach additional pages as needed):

Center Director or
Owner's Signature _____ Date _____

Printed Name of
Center Director or Owner _____

Position with Child Care Center _____

Incomplete applications will be returned to sender and processing delayed until a complete application is submitted to the FSSA/DFC/BCD at 402 West Washington Street Room W386, Indianapolis, IN 46204.

FSSA/DFC USE ONLY

License # _____ Tracking Variance/Waiver # _____

Recommendation Child Care Health Manager: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature _____ Date _____	Recommendation Consultant: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature _____ Date _____
Recommendation SFM: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature _____ Date _____	Recommendation Licensing Manager: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature _____ Date _____

(Comments may be on back page.)